

# MEMBERSHIP APPLICATION LA CROSSE BRANCH AAUW



## PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip code: \_\_\_\_\_

e-mail: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (please give us date, month, and year.)

College/University \_\_\_\_\_

State: \_\_\_\_\_

Highest degree earned: \_\_\_\_\_ Year: \_\_\_\_\_

Major: \_\_\_\_\_

**ELIGIBILITY** – I am a graduate holding an associate equivalent or higher degree from a qualified educational institution.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## REGULAR MEMBERSHIP

National \$74.00      State \$13.00      Branch \$8.00      =      **\$95.00 Dues Payment**

Make check payable to: **La Crosse Branch AAUW.**

**Return to:**  
Barbara Fischer  
AAUW La Crosse Branch Membership  
408 22 Street, North, La Crosse, WI 54601

fischerba@live.com

**Thank you!**